Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	5/27/08	Address:	141 N. 6-ADSTENZ AUE.
Case #;	96 F03116		Colombi, IN
County:	BANDLEMEN (3)		
Operati	aboratory Seizure (check one) ional Lab cal/Glassware/Equipment (only) ite (only)	Seizure Location (a ✓ Residence ☐ Outbuilding	☐ Hotel/Motel ☐ Open No Structure
	nd: Location (bedroom, kitchen, open a	☐ Vehicle	Other:
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s);			
Flammable Solvents: Designe			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Corrosive			
Corrosive Base:			
Other (item and location):			
Yes _	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	e Information c/Pseudoephodrinc Tracking Log erchant Tip —
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: <u>812-342-4716</u> artment: <u>812-378-1040</u> ction Service: <u>J/A</u>	Fax: Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Annual Phone 311-898-8587			

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.